

**The Early Childhood Services Bureau is now offering
"BEST BEGINNINGS INFANT TODDLER MINI GRANTS".**



THEY'RE QUICK! THEY'RE EASY! & YOU CAN APPLY AT ANY TIME DURING THE YEAR!

WHAT IS AN INFANT TODDLER MINI GRANT?

- The goal of the Infant Toddler Mini Grant is to improve the quality of care being given to infants and toddlers.
- INFANT TODDLER Mini Grants are for child care providers who are active participants of the Early Care and Education Practitioner Registry and caring for or thinking of caring for infants and toddlers and need funds to:
 - *replace or acquire infant toddler equipment
 - *purchase developmentally appropriate infant toddler toys or supplies
 - *meet regulatory requirements for infants and toddlers, e.g. install sink next to diaper changing area,
 - *hire substitute care, to enable provider/or staff to attend infant toddler training, conferences, etc.
- Family Child Care and Group Child Care can apply for up to \$1,000 and a Center can apply for up to \$1,500.
- The Best Beginnings Infant Toddler Mini Grant is a ONE-TIME REIMBURSEMENT.
- Applications are available from Child Care Resource & Referral Agencies and the Early Childhood Services Bureau.

WHAT DO I HAVE TO DO TO QUALIFY?

- To qualify for this grant you must be a Montana licensed or registered child care facility;
- An active participant, at any level, of the Early Care and Education Practitioner Registry. There is an initial \$25 enrollment fee to participate in the registry. Please call 1-800-213-6310 for your enrollment packet.
- Caring or planning to care for infants and toddlers.

WHEN CAN I APPLY?

- Applications for Infant Toddler Mini Grants are accepted in the Early Childhood Services Bureau Office any time during the year. Approximately 25 grants will be awarded every three months. Only one grant per facility will be awarded during the Federal Fiscal year.
- **DEADLINES**

Quarter	Postmarked no later than:	Quarter	Postmarked no later than:
1st October 1-December 31	September 1st	3rd April 1 –June 30	March 1st
2nd January 1-March 31	December 1st	4th July 1 –September 30	June 1st

- You will be notified of acceptance or denial within 30 days of the closing date of the quarter for which you are applying.

SCORING PROCESS:

- Each Infant Toddler Mini Grant Application is reviewed and scored. (50 points possible)
- The scoring criteria used –
 - ☐ Current Practitioner Registry certificate included – if not, application is incomplete
 - ☐ Past grant recipient - 5 pts are deducted if past recipient
 - ☐ Serving Best Beginnings Scholarship children – additional 5 pts
 - ☐ Proposal narrative – 10 pts possible
 - ☐ Proposal meeting needs of infants and toddlers – 15 pts possible
 - ☐ Items and their relationship to Knowledge Base areas – 10 pts possible
 - ☐ Other/Back up documentation – 5 pts possible

HELPFUL HINTS:

- Remember pages 1 & 2 of the application must be completed.
- You must, at the time you submit your Mini Grant application, also include a copy of your Practitioner Registry Certificate.
- Be sure to SIGN AND DATE your application.
- Any additional information that you can supply is always helpful, e.g., if you are requesting improvements due to licensing regulations, it is helpful to include a letter or copy of your deficiency notice from QAD.

Send all completed applications to:

**DPHHS-ECSB
Attn: Best Beginnings Mini Grants
PO Box 202925
Helena MT 59620-2925**



Application for Best Beginnings Infant Toddler Mini Grant

NAME _____ PHYSICAL ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS (if different from physical address): _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____ PHONE NUMBER (406) _____

PS# _____ PV# _____ SOCIAL SECURITY # OR EIN # _____

FACILITY TYPE (Check One): CENTER _____ FAMILY CHILD CARE HOME _____ GROUP CHILD CARE HOME _____ EARLY HEAD START _____

Are you presently caring for infants and toddlers? ☐ YES ☐ NO If yes, # of current slots _____

If no, this must be a proposal to expand services to care for infants and toddlers.

If no, how many infant/toddler slots are you adding? _____

Are you currently receiving a Best Beginnings Provider Grant? ☐ YES ☐ NO

Have you ever received monies from a provider grant, I/T Demo Project, and/or mini grant? ☐ YES ☐ NO

Identify which one(s) _____ Award Date(s) _____

IN ORDER TO APPLY FOR THIS GRANT YOU MUST BE AN ACTIVE PARTICIPANT, AT ANY LEVEL, OF THE EARLY CARE AND EDUCATION PRACTITIONER REGISTRY. TO REQUEST AN ENROLLMENT PACKET, CALL 1-800-213-6310. THERE IS AN INITIAL \$25 ENROLLMENT FEE.

This grant may be used for replacing or acquiring infant toddler equipment, developmentally appropriate toys, supplies, licensing requirements to care for infants and toddlers, substitute care to attend I/T trainings, etc. Please refer to attached tip sheet.

THE BEST BEGINNINGS INFANT TODDLER MINI GRANT IS A ONE-TIME REIMBURSEMENT.

Please complete the following table, providing information about the items that you plan to purchase with grant funds and to which area of the Knowledge Base it relates. Knowledge Base areas are: 1-Health, Safety & Nutrition, 2-Child Growth & Development, 3-Environmental Design, 4-Child Guidance, 5-Family & Community Partnerships, 6-Program Management, 7-Curriculum, 8-Observation & Assessment, and 9-Professionalism.

DESCRIPTION	KNOWLEDGE BASE AREA	#OF ITEMS	VENDOR	COST/ITEM	TOTAL
GRAND TOTAL:					

IN A NARRATIVE FORMAT DESCRIBE YOUR PROPOSAL IN THE SPACE PROVIDED. INCLUDE THE FOLLOWING ELEMENTS:

1. An overview of your proposal.
2. An explanation of how the proposal enhances the provider's ability to meet the needs of Infants and Toddlers and how your requests are developmentally appropriate.
3. Please explain any other relevant information about your proposal and facility that would help to evaluate your proposal (bids, letter from QAD, pictures, etc.)

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(Please attach additional pages, if needed)

I agree that this application is for a **ONE-TIME PAYMENT**, and that proposed purchases and activities for this grant application take place during the 12 months AFTER the grant is awarded.

Provider's Signature: _____ Date: _____

GRANT IS: APPROVED ☐ DENIED: ☐

ECSB Signature: _____ Date: _____